

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		42513.77
(b) Cash on Hand at Beginning of Reporting Period.....	45264.30	
(c) Total Receipts (from Line 19) .....	108323.39	425741.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	153587.69	468255.28
7. Total Disbursements (from Line 31) .....	132933.21	447600.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	20654.48	20654.48
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	264783.27	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
03	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y
03	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

34108.00

109881.00

(ii) Unitemized .....

73671.39

279918.07

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

107779.39

389799.07

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

107779.39

389799.07

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

35142.44

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

544.00

800.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

108323.39

425741.51

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

108323.39

425741.51

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	69198.67	356681.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	69198.67	356681.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	6934.88
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E) .....	61734.54	81734.54
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	132933.21	447600.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132933.21	447600.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	107779.39	389799.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	107779.39	389799.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	69198.67	356681.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	544.00	800.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	68654.67	355881.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR JAMES A ALBRIGHT 061 MD

Mailing Address 51 BROOKSIDE BLVD

City State Zip Code  
 WEST HARTFORD CT 06107

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 07 / 2016

Transaction ID : SA11AI.16984

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RICHARD C ANDERSON 141

Mailing Address 81 HACKETT DR

City State Zip Code  
 TONAWANDA NY 14150

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2016

Transaction ID : SA11AI.17033

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR J ALLEN BAIRD 761

Mailing Address 1600 TEXAS ST APT 2305

City State Zip Code  
 FORT WORTH TX 76102

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 24 / 2016

Transaction ID : SA11AI.17098

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSEPH BAUER 342

Mailing Address 965 YBOR E

City  
VENICEState  
FLZip Code  
34285FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : SA11Al.17156

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR STANTON BELL 782 SR

Mailing Address 35 HAVERHILL WAY

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BELL HYDROGAS INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2016

Transaction ID : SA11Al.17176

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR RICHARD A BERNSTEIN 105

Mailing Address 18 ROCKLEDGE RD

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

P&amp;E CAPITAL INC

Occupation

CHAIRMAN &amp; CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2016

Transaction ID : SA11Al.17209

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RAYMOND G BLODGETT 997**

Mailing Address 110 E 5TH AVE

City

NORTH POLE

State

AK

Zip Code

99705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.17245

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REV MONT O BOWSER 156**

Mailing Address 4574 RIDGEVIEW DR

City

GREENSBURG

State

PA

Zip Code

15601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11AI.17283

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR JOHN L BRANDT 557**

Mailing Address 2129 12TH AVE E

City

HIBBING

State

MN

Zip Code

55746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : SA11AI.17294

Amount of Each Receipt this Period

210.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS SUSAN BRUNOFF 175**

Mailing Address 334 W CEDAR ST

City	State	Zip Code
NEW HOLLAND	PA	17557

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Transaction ID : SA11Al.17357

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR HOWARD A BUESCHEL 086**

Mailing Address 107 UPPER FERRY RD

City	State	Zip Code
TRENTON	NJ	08628

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11Al.17370

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS JOAN K CHITIEA 920**

Mailing Address 1980 SILVERLEAF CIR UNIT M207

City	State	Zip Code
CARLSBAD	CA	92009

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11Al.17487

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ARTHUR B CHOATE 331**

Mailing Address 1390 S DIXIE HWY

City State Zip Code  
 CORAL GABLES FL 33146

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ART MARINA

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

Transaction ID : SA11AI.17488

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DOROTHY COLEMAN 194**

Mailing Address 266 MORRIS ST

City State Zip Code  
 PHOENIXVILLE PA 19460

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

Transaction ID : SA11AI.17529

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT COOPER 837**

Mailing Address 4556 N VILLA RIDGE WAY

City State Zip Code  
 BOISE ID 83703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2016

Transaction ID : SA11AI.17561

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1260.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 181

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MAXINE DALTON 851**

Mailing Address 220 W SUNSET DR

City

SUPERIOR

State

AZ

Zip Code

85173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	1	6		

Transaction ID : SA11Al.17660

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS MAXINE DALTON 851**

Mailing Address 220 W SUNSET DR

City

SUPERIOR

State

AZ

Zip Code

85173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				1	5		2	0	1	6		

Transaction ID : SA11Al.17661

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS CAROLYN J DAMON 967**

Mailing Address PO BOX 791719

City

PAIA

State

HI

Zip Code

96779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3				0	2		2	0	1	6		

Transaction ID : SA11Al.17662

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

185.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 181

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS DONNA DEVENISH 956**

Mailing Address 4354 GALEWOOD WAY

City	State	Zip Code
CARMICHAEL	CA	95608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11AI.17715

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR HERBERT DIVELBLISS 155**

Mailing Address 4242 PLEASANT VALLEY RD

City	State	Zip Code
CRYSTAL SPG	PA	15536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2016

Transaction ID : SA11AI.17739

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR HERBERT DIVELBLISS 155**

Mailing Address 4242 PLEASANT VALLEY RD

City	State	Zip Code
CRYSTAL SPG	PA	15536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Transaction ID : SA11AI.17740

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ANNE DRAKE 296**

Mailing Address 557 CRESWELL AVE E

City State Zip Code  
 GREENWOOD SC 29646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

Transaction ID : SA11AI.17784

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MS MARILYN FAULKER 765**

Mailing Address 1141 WESTERN HILLS RD

City State Zip Code  
 ROCKDALE TX 76567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2016

Transaction ID : SA11AI.17890

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS BETTY GARDNER 648**

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code  
 NOEL MO 64854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2016

Transaction ID : SA11AI.18038

Amount of Each Receipt this Period

70.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

305.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR JOHN STANLEY GIBBS 748**

Mailing Address 715 EASTERN HILLS RD

City  
HOLDENVILLEState Zip Code  
OK 74848FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Transaction ID : SA11AI.18076

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR THOMAS GOCHBERG 100**

Mailing Address 791 PARK AVE

City  
NEW YORKState Zip Code  
NY 10021FEC ID number of contributing  
federal political committee.

C

Name of Employer

TGM ASSOCIATION LP

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Transaction ID : SA11AI.18095

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR FRANK W GORMAN 799 JR**

Mailing Address 1606 DEDE LN

City  
EL PASOState Zip Code  
TX 79902FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.18135

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD GRIFFIN 705**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2016

Transaction ID : SA11AI.18178

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR GEORGE HAM 640**

Mailing Address 4304 S MILLS ST

City

INDEPENDENCE

State

MO

Zip Code

64055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 17 / 2016

Transaction ID : SA11AI.18253

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR EDWARD H HAMM 334**

Mailing Address 243 S BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11AI.18256

Amount of Each Receipt this Period

900.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ADM THOMAS HAYWARD 981

Mailing Address 1223 SPRING ST APT 901

City State Zip Code  
 SEATTLE WA 98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 10 2016

Transaction ID : SA11AI.18321

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADM THOMAS HAYWARD 981

Mailing Address 1223 SPRING ST APT 901

City State Zip Code  
 SEATTLE WA 98104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 23 2016

Transaction ID : SA11AI.18322

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS FRANCISCA HENDERSON 852

Mailing Address 122 N 82ND ST

City State Zip Code  
 MESA AZ 85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 03 15 2016

Transaction ID : SA11AI.18341

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS FRANCISCA HENDERSON 852**

Mailing Address 122 N 82ND ST

City State Zip Code  
 MESA AZ 85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

Transaction ID : SA11AI.18342

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPT TATNALL HILLMAN 025**

Mailing Address PO BOX 332

City State Zip Code  
 CHILMARK MA 02535

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2016

Transaction ID : SA11AI.18407

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR RICHARD L HOFFMAN 467**

Mailing Address 1300 N 550 E

City State Zip Code  
 COLUMBIA CITY IN 46725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOFFMAN &amp; ASSOCIATES

Occupation

RELOCATION MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2016

Transaction ID : SA11AI.18425

Amount of Each Receipt this Period

102.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1602.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 181  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ANDREW J HORNER 752**

Mailing Address 13 DOWNS LAKE CIR

City	State	Zip Code
DALLAS	TX	75230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PREMIER DESIGNS INC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.18461

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR BRUCE C JACOBSON 483**

Mailing Address 1019 WALLOON CT

City	State	Zip Code
LAKE ORION	MI	48360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SA11AI.18553

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR BRUCE C JACOBSON 483**

Mailing Address 1019 WALLOON CT

City	State	Zip Code
LAKE ORION	MI	48360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : SA11AI.18554

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 181  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR BRUCE C JACOBSON 483**

Mailing Address 1019 WALLOON CT

City  
LAKE ORIONState Zip Code  
MI 48360FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2016

Transaction ID : SA11AI.18555

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANN JOHNSON 341**

Mailing Address 6642 TRIDENT WAY

City  
NAPLESState Zip Code  
FL 34108FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11AI.18587

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS WANDA JONES 985**

Mailing Address 3700 14TH AVE SE UNIT 65

City  
OLYMPIAState Zip Code  
WA 98501FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2016

Transaction ID : SA11AI.18634

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS NANCY KENFIELD 945**

Mailing Address 2656 PTARMIGAN DR APT 4

City State Zip Code  
 WALNUT CREEK CA 94595

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2016

Transaction ID : SA11AI.18681

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MS MARY G KOEHL 774**

Mailing Address 1307 MANOR LAKE CT

City State Zip Code  
 RICHMOND TX 77406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.18754

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR THOMAS F KYLE 130 III**

Mailing Address 215 SUMMERHAVEN DR S

City State Zip Code  
 EAST SYRACUSE NY 13057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.18809

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR VERNON LEWIS 853**

Mailing Address 204 E SANTA CRUZ DR

City

GOODYEAR

State

AZ

Zip Code

85338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEWIS WELDING SUPPLY INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : SA11Al.18920

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR VERNON LEWIS 853**

Mailing Address 204 E SANTA CRUZ DR

City

GOODYEAR

State

AZ

Zip Code

85338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEWIS WELDING SUPPLY INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11Al.18921

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR WESLEY LINDSTROM 561**

Mailing Address 2743 171ST ST

City

CURRIE

State

MN

Zip Code

56123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Transaction ID : SA11Al.18936

Amount of Each Receipt this Period

40.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 22 OF 181  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT T MARTIN 330**

Mailing Address 9 DIAMOND DRIVE

City

KEY WEST

State

FL

Zip Code

33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2016

Transaction ID : SA11AI.19056

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR ROBERT T MARTIN 330**

Mailing Address 9 DIAMOND DRIVE

City

KEY WEST

State

FL

Zip Code

33040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

7700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2016

Transaction ID : SA11AI.19057

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR RICHARD MARX 125**

Mailing Address PO BOX 440

City

WAPPINGERS FALLS

State

NY

Zip Code

12590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

692.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : SA11AI.19060

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

7850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS ELLEN MCMILLAN 728**

Mailing Address 320 S UTAH AVE

City

RUSSELLVILLE

State

AR

Zip Code

72801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : SA11Al.19169

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR ALVIN E MCQUINN 341**

Mailing Address 1551 GULF SHORE BLVD S

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT MGR &amp; TRADER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 09 / 2016

Transaction ID : SA11Al.19180

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS JOAN G MILAM 333**

Mailing Address 2673 CENTER COURT DR

City

WESTON

State

FL

Zip Code

33332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11Al.19214

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

585.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS ELAINE MOCZYGEMBA 781

Mailing Address 452 K D M LN

City  
HOBSON

State  
TX

Zip Code  
78117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PANNA MARIA HISTORICAL SOCIETY

Occupation

HISTORIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 30 / 2016

Transaction ID : SA11Al.19263

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR JAMES MORGAN 283

Mailing Address 813 OLEANDER CT

City  
STEDMAN

State  
NC

Zip Code  
28391

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : SA11Al.19288

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MS FRANCIS MORSE 956

Mailing Address 4181 FORT JIM RD

City  
PLACERVILLE

State  
CA

Zip Code  
95667

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2016

Transaction ID : SA11Al.19303

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 181  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR PETER W MOYER 894**

Mailing Address 118 ABBEY PEAK LN

City	State	Zip Code
INCLINE VILLAGE	NV	89451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.19310

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR CLAIR J MURPHY 551**

Mailing Address 1626 RUTH ST N

City	State	Zip Code
SAINT PAUL	MN	55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	03	/	2016

Transaction ID : SA11AI.19337

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR CLAIR J MURPHY 551**

Mailing Address 1626 RUTH ST N

City	State	Zip Code
SAINT PAUL	MN	55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.19338

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

335.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR FREDERICK MUZI 020

Mailing Address 10 POWISSET ST

City  
DOVER

State  
MA

Zip Code  
02030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.19350

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RALPH NELSON 932

Mailing Address PO BOX 1287

City  
LEBEC

State  
CA

Zip Code  
93243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 15 / 2016

Transaction ID : SA11AI.19385

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MS CONNIE C O'NEIL 681

Mailing Address 3214 N 159TH AVE

City  
OMAHA

State  
NE

Zip Code  
68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

Transaction ID : SA11AI.19466

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 181

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS CONNIE C O'NEIL 681**

Mailing Address 3214 N 159TH AVE

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8		2	0	1	6		

Transaction ID : SA11AI.19467

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR ALEC OBERSCHMIDT 921**

Mailing Address 3202 UDALL ST

City

SAN DIEGO

State

CA

Zip Code

92106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	9		2	0	1	6		

Transaction ID : SA11AI.19438

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WILFRED OLAFSON 895**

Mailing Address 7765 N SOUTHMOOR CIR

City

RENO

State

NV

Zip Code

89502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8		2	0	1	6		

Transaction ID : SA11AI.19447

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

203.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 28 OF 181

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS MARGUERITE C OLEYAR 925**

Mailing Address 41780 BUTTERFIELD STAGE RD

City	State	Zip Code
TEMECULA	CA	92592

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SA11AI.19450

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR PAUL PEELER 784 CPA**

Mailing Address 11649 LEOPARD ST STE 3

City	State	Zip Code
CRP CHRISTI	TX	78410

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : SA11AI.19561

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JORGE I PERALTA 897**

Mailing Address 2421 OAK RIDGE DR

City	State	Zip Code
CARSON CITY	NV	89703

FEC ID number of contributing federal political committee.

C

Name of Employer

CARSON MEADOW APTS

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2016

Transaction ID : SA11AI.19578

Amount of Each Receipt this Period

25.00

☐ Memo Item
**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MRS PHYLLIS POHL 105**

Mailing Address 720 MILTON ROAD APT NORTH F1

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2016

Transaction ID : SA11Al.19646

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS PHYLLIS POHL 105**

Mailing Address 720 MILTON ROAD APT NORTH F1

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11Al.19647

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS PHYLLIS POHL 105**

Mailing Address 720 MILTON ROAD APT NORTH F1

City	State	Zip Code
RYE	NY	10580

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2016

Transaction ID : SA11Al.19648

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code  
RYE NY 10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.19649

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR DAVID POPP 677

Mailing Address 2025 SHERIDAN AVE APT 16

City State Zip Code  
HOXIE KS 67740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

Transaction ID : SA11AI.19658

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR JOHN T PRATT 349

Mailing Address 1479 SW SHORELINE DR

City State Zip Code  
PALM CITY FL 34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : SA11AI.19689

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MS JOAN B RAK 857**

Mailing Address 972 E CAMINO DIESTRO

City State Zip Code  
TUCSON AZ 85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : SA11AI.19721

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR H CARL RECKNAGEL 531**

Mailing Address 375 STATE ROAD 67 APT 258

City State Zip Code  
DOUSMAN WI 53118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016

Transaction ID : SA11AI.19742

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PAUL D RICE 430**

Mailing Address 466 GLYN TAWEL DR

City State Zip Code  
GRANVILLE OH 43023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RICE LAW LLC

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 03 / 2016

Transaction ID : SA11AI.19783

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR MELVIN A RIES 954**

Mailing Address 3585 ROUND BARN BLVD  
APT 329

City State Zip Code  
SANTA ROSA CA 95403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 11 / 2016

Transaction ID : SA11AI.19806

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR FRANKLIN T RUSSELL 145**

Mailing Address 5624 PARDY SMITH RD

City State Zip Code  
NEWARK NY 14513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2016

Transaction ID : SA11AI.19896

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City State Zip Code  
FORT MYERS FL 33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2016

Transaction ID : SA11AI.19920

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

220.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 181

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	1	6		

**Transaction ID : SA11AI.19921**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR AL SHANE 917**

Mailing Address 2175 FOOTHILL BLVD STE B

City

LA VERNE

State

CA

Zip Code

91750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FINANCIAL LEARNING CENTER

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	8			2	0	1	6		

**Transaction ID : SA11AI.20054**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PENDLETON SIEGEL 992**

Mailing Address 2230 W RIVERSIDE AVE APT 101

City

SPOKANE

State

WA

Zip Code

99201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	1			2	0	1	6		

**Transaction ID : SA11AI.20100**

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

950.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR LEONARD SIGURDSEN 550**

Mailing Address 4169 W BIRCHVIEW RD

City

GRASSTON

State

MN

Zip Code

55030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Transaction ID : SA11AI.20104

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City

SANTA CRUZ

State

CA

Zip Code

95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Transaction ID : SA11AI.20117

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MISS JOAN SINEX 950**

Mailing Address 3400 PAUL SWEET RD UNIT C

City

SANTA CRUZ

State

CA

Zip Code

95065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

Transaction ID : SA11AI.20118

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

250.00

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City State Zip Code  
SAINT PETERSBURG FL 33701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : SA11AI.20173

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RICHARD STAR 530

Mailing Address 19045 THOMSON DR UNIT 1204

City State Zip Code  
BROOKFIELD WI 53045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ENGMAN-TAYLOR COMPANY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : SA11AI.20217

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR VERLE D STARKEY 670

Mailing Address 220 NW 150TH AVE

City State Zip Code  
HAVILAND KS 67059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 25 / 2016

Transaction ID : SA11AI.20221

Amount of Each Receipt this Period

195.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1445.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR EDWARD STILES 405**

Mailing Address 3168 ROXBURG DR

City  
LEXINGTON

State Zip Code  
KY 40503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 21 / 2016

Transaction ID : SA11AI.20254

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MS MARTHA SUMMERS 801**

Mailing Address 3177 S GRANT ST

City  
ENGLEWOOD

State Zip Code  
CO 80113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2016

Transaction ID : SA11AI.20289

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City  
ANN ARBOR

State Zip Code  
MI 48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 03 / 2016

Transaction ID : SA11AI.20376

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 04 / 2016

Transaction ID : SA11AI.20377

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2016

Transaction ID : SA11AI.20378

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 28 / 2016

Transaction ID : SA11AI.20379

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

**A. MRS KETURAH THUNDER-HAAB 481**

Mailing Address 436 PINE BRAE ST

City State Zip Code  
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2016

Transaction ID : SA11AI.20380

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR ROBERT S TROTH 341**

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code  
 NAPLES FL 34103

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2016

Transaction ID : SA11AI.20422

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR ROBERT S TROTH 341**

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code  
 NAPLES FL 34103

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.20423

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

590.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 181  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT L WALDEN 647**

Mailing Address 34 NW 1144 PRIVATE RD

City	State	Zip Code
LEETON	MO	64761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.20531

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR ROBERT L WALDEN 647**

Mailing Address 34 NW 1144 PRIVATE RD

City	State	Zip Code
LEETON	MO	64761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : SA11AI.20532

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MR ROBERT L WALDEN 647**

Mailing Address 34 NW 1144 PRIVATE RD

City	State	Zip Code
LEETON	MO	64761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

Transaction ID : SA11AI.20533

Amount of Each Receipt this Period

75.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

225.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 181  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR KENNETH C WALDO 276 JR**

Mailing Address 1000 DEERFIELD RD

City  
RALEIGHState  
NCZip Code  
27609FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2016

Transaction ID : SA11AI.20536

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MR J D WALKER 761**

Mailing Address 6917 BAL LAKE DR

City  
FORT WORTHState  
TXZip Code  
76116FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2016

Transaction ID : SA11AI.20541

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DR WILLIAM WOLFF 921**

Mailing Address 16023 AVENIDA LAMEGO

City  
SAN DIEGOState  
CAZip Code  
92128FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	11	/	2016

Transaction ID : SA11AI.20721

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MR DONALD WOODHOUSE 490**

Mailing Address PO BOX 635

City

DOWAGIAC

State

MI

Zip Code

49047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 10 / 2016

Transaction ID : SA11AI.20732

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MRS MARILYN M WOODHOUSE 770**

Mailing Address 650 RAMBLEWOOD RD

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 07 / 2016

Transaction ID : SA11AI.20735

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MRS AUDREY ZIMMER 564**

Mailing Address 509 7TH ST NE

City

STAPLES

State

MN

Zip Code

56479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 28 / 2016

Transaction ID : SA11AI.20768

Amount of Each Receipt this Period

50.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

300.00

**TOTAL** This Period (last page this line number only)..... ►

34108.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 181

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

## **A. CONSOLIDATED MAILING SERVICES**

Mailing Address 504 SHAW RD  
SUITE 206

City State Zip Code  
STERLING VA 20166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2016

**Transaction ID : SA15.20812**

Amount of Each Receipt this Period

544.00

☐ Memo Item

REFUND

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 / / /

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 / / /

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

544.00

544.00





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.20804**

Amount of Each Disbursement this Period

7235.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.20805**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CONSOLIDATED MAILING SERVICES**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2016

Mailing Address 504 SHAW RD  
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

**VIGOP**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.20806**

Amount of Each Disbursement this Period

1966.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14201.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. CONSOLIDATED MAILING SERVICES**Mailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166Purpose of Disbursement  
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3							2	4				2016

**Transaction ID : SB21B.20807**

Amount of Each Disbursement this Period

2664.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES INC**Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3							1	7				2016

**Transaction ID : SB21B.20814**

Amount of Each Disbursement this Period

1558.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DIRECT SUPPORT SERVICES INC**Mailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3							1	7				2016

**Transaction ID : SB21B.20815**

Amount of Each Disbursement this Period

3248.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7471.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.20816**

Amount of Each Disbursement this Period

259.88
--------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT SUPPORT SERVICES INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VIGOP DIRECT MAIL - POSTAGE

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.31978**

Amount of Each Disbursement this Period

5947.14
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2016

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement  
LIST ENHANCEMENT

003

Category/  
Type

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**Transaction ID : SB21B.20810**

Amount of Each Disbursement this Period

225.24
--------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6432.26
---------

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

### A. DONOR BUREAU

003

252.12

 Memo Item

# VIGOP

	House
	Senate
	President

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**B. FIRST VIRGINIA COMMUNITY BANK**

MM / DD / YYYY

001

154.94

Memo Item

# VIGOP

	House
	Senate
	President

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### C. FIRST VIRGINIA COMMUNITY BANK

001

41.78

 Memo Item

# VIGOP

	House
	Senate
	President

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

448.84



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016
**Transaction ID : SB21B.20791**

Amount of Each Disbursement this Period

148.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016
**Transaction ID : SB21B.20792**

Amount of Each Disbursement this Period

114.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 01 / 2016
**Transaction ID : SB21B.20793**

Amount of Each Disbursement this Period

9.92

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

272.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016
**Transaction ID : SB21B.20794**

Amount of Each Disbursement this Period

79.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016
**Transaction ID : SB21B.20795**

Amount of Each Disbursement this Period

37.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016
**Transaction ID : SB21B.20796**

Amount of Each Disbursement this Period

74.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

190.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
CCCP MONTHLY FEE

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 07 / 2016
**Transaction ID : SB21B.20797**

Amount of Each Disbursement this Period

61.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2016
**Transaction ID : SB21B.20798**

Amount of Each Disbursement this Period

829.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
TRANSFIRST DISCOUNT FEES

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2016
**Transaction ID : SB21B.20799**

Amount of Each Disbursement this Period

108.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

999.06

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. FIRST VIRGINIA COMMUNITY BANK

001

362.23

 Memo Item

☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

MM / DD / YYYY

001

Transaction ID : SB21B.20801

Amount of Each Disbursement this Period

 Memo Item

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)  
C. FORTH RIGHT STRATEGY INC

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

003

Transaction ID : SB21B.20825

Amount of Each Disbursement this Period

 Memo Item

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

963.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 181

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. FORTH RIGHT STRATEGY INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				3	1						2	0	1	6

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
INDEPENDENT EXPENDITURES REPORTED ON LN 24

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.31970**

Amount of Each Disbursement this Period

61734.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FORTH RIGHT STRATEGY INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				3	1						2	0	1	6

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
INDEPENDENT EXPENDITURES REPORTED ON LN 24

001

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.31977**

Amount of Each Disbursement this Period

-61734.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LEGACY LIST MANAGEMENT INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	3				0	7						2	0	1	6

Mailing Address 1155 - 15TH STREET NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
LIST RENTALS

003

Candidate Name

**VIGOP**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.20831**

Amount of Each Disbursement this Period

3378.65

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3	3	7	8	.	6	5
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 181

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 07 2016**Transaction ID : SB21B.20780**

Amount of Each Disbursement this Period

1404.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 24 2016**Transaction ID : SB21B.20781**

Amount of Each Disbursement this Period

495.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**Mailing Address 2776 S ARLINGTON MILL DR  
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE

001

Category/  
Type

Candidate Name

**VIGOP**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 24 2016**Transaction ID : SB21B.20782**

Amount of Each Disbursement this Period

687.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2587.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. RHA MARKETING

Date of Disbursement

Transaction ID : SB21B.20835

003

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

4247.46

 Memo Item

## B. SIMPKINS ESCROW LLC

Date of Disbursement

Transaction ID : SB21B.20786

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

737.49

Memo Item

### C. SIMPKINS ESCROW LLC

Date of Disbursement

Transaction ID : SB21B.20787

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

245.62

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5230.57



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

#### A. SIMPKINS ESCROW LLC

Mailing Address ST JUST RD

City	State	Zip Code
UNIONVILLE	VA	22567

## Purpose of Disbursement

### ESCROW SERVICES

Candidate Name

# VIGOP

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.20788

Amount of Each Disbursement this Period

399.32

 Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

399.32

69198.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 181

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

Full Name (Last, First, Middle Initial)

**A. MOONEY FOR CONGRESS**

Mailing Address P.O. BOX 1863

City MARTINSBURG	State WV	Zip Code 25402
---------------------	-------------	-------------------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**ALEXANDER XAVIER MOONEY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.20839**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PATRICK MOONEY FOR CONGRESS**

Mailing Address PO BOX 730774

City ORMOND BEACH	State FL	Zip Code 32173
----------------------	-------------	-------------------

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

**PATRICK MOONEY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		01		2016

**Transaction ID : SB23.20840**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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2000.00
---------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 59 OF 181

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CAPITOL CAGING CORP**Nature of Debt (Purpose):  
CAGING SERVICESMailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

2490.47

Transaction ID : SD10.4170

Amount Incurred This Period

0.00

Payment This Period

1787.67

Outstanding Balance at Close of This Period

702.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

142352.44

Transaction ID : SD10.4171

Amount Incurred This Period

0.00

Payment This Period

57901.60

Outstanding Balance at Close of This Period

84450.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**Nature of Debt (Purpose):  
LIST ENHANCEMENTS

Mailing Address 1900 N CULPEPPER ST

City State Zip Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

2935.23

Transaction ID : SD10.4174

Amount Incurred This Period

0.00

Payment This Period

477.36

Outstanding Balance at Close of This Period

2457.87

1) **SUBTOTALS** This Period This Page (optional)..... ►

87611.51

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 60 OF 181

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DSSI**Nature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

16396.53

Transaction ID : SD10.4168

Amount Incurred This Period

0.00

Payment This Period

2478.92

Outstanding Balance at Close of This Period

13917.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**FORTH RIGHT STRATEGY INC**Nature of Debt (Purpose):  
DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

141895.01

Transaction ID : SD10.4166

Amount Incurred This Period

73473.57

Payment This Period

73699.88

Outstanding Balance at Close of This Period

141668.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**INTEGRAM**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8421 HILLTOP RD

City State Zip Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

13311.13

Transaction ID : SD10.4175

Amount Incurred This Period

0.00

Payment This Period

5127.29

Outstanding Balance at Close of This Period

8183.84

1) **SUBTOTALS** This Period This Page (optional)..... ►

163770.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 61 OF 181

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT INC**Nature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 - 15TH STREET NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

11993.80

Transaction ID : SD10.4169

Amount Incurred This Period

0.00

Payment This Period

6611.86

Outstanding Balance at Close of This Period

5381.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**MACKENZIE & COMPANY**Nature of Debt (Purpose):  
CONSULTING - COMPLIANCEMailing Address 2776 S ARLINGTON MILL DR  
NUM 806City State Zip Code  
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

10488.20

Transaction ID : SD10.4172

Amount Incurred This Period

0.00

Payment This Period

2587.00

Outstanding Balance at Close of This Period

7901.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RHA MARKETING**Nature of Debt (Purpose):  
VIGOP DIRECT MAIL - PRINTING &  
MAILSHOP

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code  
FOREST VA 24551

Outstanding Balance Beginning This Period

4247.46

Transaction ID : SD10.9141

Amount Incurred This Period

0.00

Payment This Period

4247.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

13283.14

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 62 OF 181

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**SIMPKINS ESCROW LLC**Nature of Debt (Purpose):  
**ESCROW SERVICES**Mailing Address **ST JUST RD**

City State

Zip Code

**UNIONVILLE****VA****22567**

Outstanding Balance Beginning This Period

**1500.90****Transaction ID : SD10.4173**

Amount Incurred This Period

**0.00**

Payment This Period

**1382.43**

Outstanding Balance at Close of This Period

**118.47**

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►**118.47**2) **TOTALS** This Period (last page this line number only)..... ►**264783.27**3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►**0.00**4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►**264783.27**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 63 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	
Mailing Address 504 SHAW RD SUITE 206		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code STERLING VA 20166		Amount <span style="border:1px solid black; padding:2px;">1162.38</span>	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1666.48</span>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>06</u> State: <u>MN</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	
Mailing Address 504 SHAW RD SUITE 206		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code STERLING VA 20166		Amount <span style="border:1px solid black; padding:2px;">1162.38</span>	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1666.48</span>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>00</u> State: <u>MT</u>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">2324.76</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <u>SCOTT B MACKENZIE</u>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div>	
Mailing Address 504 SHAW RD SUITE 206		Amount <div> <div>Amount</div> <div>1162.38</div> </div>		
City STERLING	State VA	Zip Code 20166	<b>Transaction ID : SE.25493</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 24 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type <div> <div>Category/Type</div> <div>004</div> </div>		
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div> <div>Calendar Year-To-Date Per Election for Office Sought</div> <div>2660.49</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div>	
Mailing Address 504 SHAW RD SUITE 206		Amount <div> <div>1162.38</div> </div>		
City STERLING	State VA	Zip Code 20166	<b>Transaction ID : SE.25494</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 24 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type	<div> <div>004</div> </div>	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	
District: 04 State: UT		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought		<div> <div>2660.49</div> </div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	2324.76
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature



NAME OF COMMITTEE (In Full) VIGOR (VIRGIN ISLANDS REPUBLICAN PARTY)		FEC IDENTIFICATION NUMBER ▼ C C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report 		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span>M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div>	
Mailing Address 504 SHAW RD SUITE 206			Amount <div> <div></div> <div>1162.38</div> </div>	
City STERLING	State VA	Zip Code 20166	<b>Transaction ID : SE.25495</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 24 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type <div> <div></div> <div>004</div> </div>		
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: WV
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>1666.48</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 504 SHAW RD SUITE 206			Amount 1162.38	
City STERLING	State VA	Zip Code 20166	<b>Transaction ID : SE.25496</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type 004		
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought		1666.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	2324.76
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

***[Electronically Filed]***

Date

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 66 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Mailing Address 504 SHAW RD SUITE 206		Amount <span style="border:1px solid black; padding:2px;">1162.38</span>	
City STERLING	State VA	Zip Code 20166	Transaction ID : <b>SE.25497</b>
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1666.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Mailing Address 504 SHAW RD SUITE 206		Amount <span style="border:1px solid black; padding:2px;">1162.38</span>	
City STERLING	State VA	Zip Code 20166	Transaction ID : <b>SE.25498</b>
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1666.52</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">2324.76</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div>	
Mailing Address 504 SHAW RD SUITE 206		Amount <div> <div>Amount</div> <div>1162.38</div> </div>		
City STERLING	State VA	Zip Code 20166	Transaction ID : <b>SE.25500</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 24 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type <div> <div>Category/Type</div> <div>004</div> </div>		
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Calendar Year-To-Date Per Election for Office Sought</div> <div>2660.50</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	2324.80
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 68 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Mailing Address 504 SHAW RD SUITE 206			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1162.38	
City STERLING		State VA	Zip Code 20166	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : <b>SE.25501</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>
Name of Federal Candidate RONALD HAROLD JOHNSON			Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1666.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Mailing Address 504 SHAW RD SUITE 206			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2281.99	
City STERLING		State VA	Zip Code 20166	
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : <b>SE.25502</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>
Name of Federal Candidate WILLIAM HURD			Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 4942.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3444.37	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  SCOTT B MACKENZIE			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 20 / 2016	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 69 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	
Mailing Address 504 SHAW RD SUITE 206		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 24 / 2016	
City STERLING		State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type	Amount 2281.98
		<span style="border:1px solid black; padding:2px;">004</span>	Transaction ID : SE.25503
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<span style="border:1px solid black; padding:2px;">4942.47</span>	
Full Name of Payee <b>CONSOLIDATED MAILING SERVICES</b>		<input type="checkbox"/> Memo Item	
Mailing Address 504 SHAW RD SUITE 206		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 24 / 2016	
City STERLING		State VA	Zip Code 20166
Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP		Category/ Type	Amount 2281.99
		<span style="border:1px solid black; padding:2px;">004</span>	Transaction ID : SE.25504
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		<span style="border:1px solid black; padding:2px;">4942.49</span>	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;">4563.97</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 06 / 20 / 2016	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 70 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           02 / 22 / 2016         </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2858.26</div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25507</b>
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 001	Date of Disbursement or Obligation 03 / 17 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2827.59</div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25508</b>
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 001	Date of Disbursement or Obligation 03 / 17 / 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: DC	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5685.85</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 71 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 18 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">4358.21</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25509</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">001</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">10771.48</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">504.10</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25513</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2016</span>	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">504.10</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">4862.31</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 72 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>				
Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">504.10</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">004</div>	
Name of Federal Candidate RYAN K ZINKE			Office Sought: <input checked="" type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">23</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">504.10</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; text-align: center;">004</div>	
Name of Federal Candidate WILLIAM HURD			Office Sought: <input checked="" type="checkbox"/> House    District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1008.20</div>				
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>				
(c) <b>TOTAL</b> Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature  <u>SCOTT B MACKENZIE</u></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div></div></div>				



Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div> <div></div> <div>504.10</div> </div>	
City WASHINGTON		State DC		Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div> <div></div> <div>004</div> </div>		<b>Transaction ID : SE.25517</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 17 / 2016</div> </div>	
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>504.10</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	1008.20
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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SCOTT B MACKENZIE

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 74 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">504.10</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25518</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2016</span>	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">504.10</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">504.10</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25519</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2016</span>	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">504.10</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1008.20</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
<b>(c) TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 75 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">504.14</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">504.14</span>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: OH	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">504.10</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">504.10</span>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: PA	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">1008.24</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 76 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>		

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">504.10</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25522</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2016</span>	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">504.10</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">504.10</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25523</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2016</span>	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">504.10</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1008.20</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 77 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 24 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 994.01	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 004		
Name of Federal Candidate WILLIAM HURD			Office Sought: <input checked="" type="checkbox"/> House    District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1498.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 03 / 24 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 994.01	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 004		
Name of Federal Candidate MIA LOVE			Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1498.11			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1988.02	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  SCOTT B MACKENZIE			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 06 / 20 / 2016	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 78 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 24 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>994.02</b>
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25526</b>
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 17 / 2016</b>
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>1498.12</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DIRECT SUPPORT SERVICES INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 30 / 2016</b>
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>4320.00</b>
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.31985</b>
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>001</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 24 / 2016</b>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>
Calendar Year-To-Date Per Election for Office Sought		<b>25951.71</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>5314.02</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**06 / 20 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 79 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>					

  

Full Name of Payee <b>DSSI</b>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>02 / 22 / 2016</b>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">125.00</span>			Transaction ID : <b>SE.25527</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>03 / 24 / 2016</b>		
City WASHINGTON	State DC	Zip Code 20005						
Purpose of Expenditure VOTER MAIL - DATA PROCESSING			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>					
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14134.78</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

  

Full Name of Payee <b>DSSI</b>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>03 / 09 / 2016</b>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">126.18</span>			Transaction ID : <b>SE.25528</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> <b>03 / 24 / 2016</b>		
City WASHINGTON	State DC	Zip Code 20005						
Purpose of Expenditure VOTER MAIL - DATA PROCESSING			Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>					
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">14260.96</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">251.18</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature \_\_\_\_\_ Date MM / DD / YYYYYY  
**06 / 20 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 80 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>DSSI</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 18 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">125.00</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14385.96</div>				
Full Name of Payee <b>DSSI</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 23 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">121.01</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		
Name of Federal Candidate THOMAS EARL JR. EMMER			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1787.49</div>				
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">246.01</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <div style="text-align: right;">SCOTT B MACKENZIE</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06 / 20 / 2016</div>	
[Electronically Filed]				





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 82 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee <b>DSSI</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>121.01</b>	
City <b>WASHINGTON</b>		State <b>DC</b>	Zip Code <b>20005</b>	
Purpose of Expenditure <b>VOTER MAIL - DATA PROCESSING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>004</b></div>		
Name of Federal Candidate <b>MIA LOVE</b>			Office Sought: <input checked="" type="checkbox"/> House    District: <b>04</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>UT</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>5063.48</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>DSSI</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> <b>121.01</b>	
City <b>WASHINGTON</b>		State <b>DC</b>	Zip Code <b>20005</b>	
Purpose of Expenditure <b>VOTER MAIL - DATA PROCESSING</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>004</b></div>		
Name of Federal Candidate <b>ALEXANDER XAVIER MOONEY</b>			Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>1787.49</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <b>242.02</b>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <b>SCOTT B MACKENZIE</b>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> <b>06 / 20 / 2016</b>	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 83 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>DSSI</b>			<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 23 / 2016	
City WASHINGTON		State DC	Zip Code 20005	Amount <span style="border:1px solid black; padding:2px;">121.01</span>
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/ Type	Transaction ID : <b>SE.25535</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 24 / 2016	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1787.49</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>DSSI</b>			<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 23 / 2016	
City WASHINGTON		State DC	Zip Code 20005	Amount <span style="border:1px solid black; padding:2px;">121.01</span>
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/ Type	Transaction ID : <b>SE.25536</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 24 / 2016	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">1787.49</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border:1px solid black; padding:2px;">242.02</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  SCOTT B MACKENZIE		[Electronically Filed]		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 84 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee <b>DSSI</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 121.01	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : <b>SE.25537</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>
Name of Federal Candidate ROB PORTMAN			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1787.53			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>DSSI</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 121.01	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : <b>SE.25538</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>
Name of Federal Candidate PATRICK JOSEPH TOOMEY			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1787.53			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 242.02	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	

SCOTT B MACKENZIE

[Electronically Filed]

Date

 /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 85 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>				
Full Name of Payee <b>DSSI</b>			<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 23 / 2016	
City WASHINGTON			State DC	
Zip Code 20005			Amount <span style="border:1px solid black; padding:2px;">121.01</span>	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING			Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate TIMOTHY E SCOTT			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: SC	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">5063.50</span>			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>DSSI</b>			<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 23 / 2016	
City WASHINGTON			State DC	
Zip Code 20005			Amount <span style="border:1px solid black; padding:2px;">121.01</span>	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING			Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate RONALD HAROLD JOHNSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: 00 State: WI	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1787.49</span>			Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....			<span style="border:1px solid black; padding:2px;">242.02</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  SCOTT B MACKENZIE			Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 20 / 2016	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 86 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>DSSI</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">257.21</span>	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>23</u> State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">5320.70</span>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>DSSI</b>		<input type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">257.21</span>	
Purpose of Expenditure VOTER MAIL - DATA PROCESSING		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>04</u> State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">5320.69</span>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">514.42</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 87 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>DSSI</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>03 / 24 / 2016</b>
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <span style="border: 1px solid black; padding: 2px;">257.21</span>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.25543</b>
Purpose of Expenditure <b>VOTER MAIL - DATA PROCESSING</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>03 / 24 / 2016</b>
Name of Federal Candidate <b>TIMOTHY E SCOTT</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5320.71</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>02 / 22 / 2016</b>
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <span style="border: 1px solid black; padding: 2px;">248.76</span>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.25550</b>
Purpose of Expenditure <b>VOTER CONTACT MAIL - CREATIVE &amp; MANAGEMENT</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> <b>03 / 07 / 2016</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">248.76</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">505.97</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**06 / 20 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 88 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">478.66</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25553</b>	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 07 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">727.42</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">179.47</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9251</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">478.66</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 89 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">26.09</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9252</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">237.18</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9253</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 90 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">108.76</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">1387.70</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span> [Electronically Filed]	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 135.61	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.9257</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 735.50	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9259</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 93 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">357.68</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9260</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">52.26</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9261</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

06 / 20 / 2016

Signature

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div> <div></div> <div>56.49</div> </div>	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.9262</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
			District: 00 State: ID	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div> <div>Amount</div> <div>477.11</div> </div>	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.9263</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 09 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;">0.00</div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 95 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">240.20</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">114.16</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">20000.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 96 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>FORTH RIGHT STRATEGY INC</b>				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">104.85</span> </div>	
City WASHINGTON    State DC    Zip Code 20005		<b>Transaction ID : SE.9266</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>			
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">0.00</span>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>FORTH RIGHT STRATEGY INC</b>				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">163.50</span> </div>	
City WASHINGTON    State DC    Zip Code 20005		<b>Transaction ID : SE.9267</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>			
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">0.00</span>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">0.00</span> </div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"></span> </div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"></span> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>				Date <span style="border: 1px solid black; padding: 0 5px;">06</span> / <span style="border: 1px solid black; padding: 0 5px;">20</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 97 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">168.78</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">51.71</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 98 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">218.83</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">253.05</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 99 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 09 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">370.13</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: MI	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 03 / 09 / 2016	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">198.60</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: 00 State: MN	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span> 06 / 20 / 2016	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 100 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">108.80</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <span style="border:1px solid black; padding:2px;">00</span> State: <span style="border:1px solid black; padding:2px;">MS</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">224.54</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <span style="border:1px solid black; padding:2px;">00</span> State: <span style="border:1px solid black; padding:2px;">MO</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span> <i>[Electronically Filed]</i>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 101 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.88</div>
City WASHINGTON	State DC	
Zip Code 20005		<b>Transaction ID : SE.9276</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">67.51</div>
City WASHINGTON	State DC	
Zip Code 20005		<b>Transaction ID : SE.9277</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: NE
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 102 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              . . . / . . . / . . . . . .           </div>	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 09 / 2016           </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 100.56           </div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9278</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 09 / 2016           </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 0.00           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 09 / 2016           </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 50.69           </div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9279</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 09 / 2016           </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 0.00           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . 0.00           </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 103 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 09 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>330.97</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9280</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 09 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>00</b> State: <b>NJ</b>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 09 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>76.31</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9281</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 09 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>00</b> State: <b>NM</b>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**06 / 20 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 104 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYYYY</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">741.17</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NY</u>		Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">359.80</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NC</u>		Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	



Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 26.01	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.9284</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 432.22	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.9285</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Three digital clock displays are shown, each with a different time zone. The first display shows 06:00 on MM/DD/YYYY. The second display shows 20:00 on MM/DD/YYYY. The third display shows 2016 on MM/DD/YYYY.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 106 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>				
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	Zip Code 20005	Amount <span style="border:1px solid black; padding:2px;">139.42</span>
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : <b>SE.9286</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	Zip Code 20005	Amount <span style="border:1px solid black; padding:2px;">146.88</span>
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>		Transaction ID : <b>SE.9287</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <b>SCOTT B MACKENZIE</b>			Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 107 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">487.39</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : <b>SE.9288</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Category/Type <span style="border:1px solid black; padding:2px;">004</span>			
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">40.61</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : <b>SE.9289</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">09</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Category/Type <span style="border:1px solid black; padding:2px;">004</span>			
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>RI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 108 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">175.72</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9290</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">30.32</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9291</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 109 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 09 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">239.81</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9292</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 09 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 09 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">913.77</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9293</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 09 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 110 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">94.58</div>
City WASHINGTON	State DC	
Zip Code 20005		<b>Transaction ID : SE.9294</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.43</div>
City WASHINGTON	State DC	
Zip Code 20005		<b>Transaction ID : SE.9295</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 09 / 2016         </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: VT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Date

06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 111 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">304.84</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9296</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">256.26</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9297</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 112 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 71.81		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9298</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 214.14		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.9299</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
06 / 20 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 113 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span>				
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : <b>SE.9300</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">0.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>	
City State Zip Code WASHINGTON DC 20005		Transaction ID : <b>SE.9301</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span> </div>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">09</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span> </div>
Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">727.42</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">0.00</span> </div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div>	
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"> </span> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u>			Date <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 5px;">YYYYYY</span>	
[Electronically Filed]			Date <span style="border: 1px solid black; padding: 0 5px;">06</span> / <span style="border: 1px solid black; padding: 0 5px;">20</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 114 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">128.35</div> <b>Transaction ID : SE.16588</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
City WASHINGTON	State DC	
Zip Code 20005		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type <div style="border: 1px solid black; padding: 0 5px;">004</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: AL
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.66</div> <b>Transaction ID : SE.16589</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
City WASHINGTON	State DC	
Zip Code 20005		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type <div style="border: 1px solid black; padding: 0 5px;">004</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: AK
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

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Date

06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 115 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 18 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">169.62</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16590</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 18 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 18 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">77.78</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16591</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 18 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

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Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 116 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">992.41</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16592</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">135.72</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16593</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>

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SCOTT B MACKENZIE

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Date

06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 117 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 18 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">96.98</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16594</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 18 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 18 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.53</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16595</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 18 / 2016</div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DE</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 118 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">525.99</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16596</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">255.80</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16597</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 119 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">37.37</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16598</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">40.40</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16599</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 120 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">341.20</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16600</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">171.78</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16601</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 121 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 18 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>81.64</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16602</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 18 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>00</b> State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>20000.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 18 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>74.98</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16603</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <b>004</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 18 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>00</b> State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**06 / 20 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 122 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">116.92</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">120.70</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures .....		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures.....		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 156.50	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16607</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 124 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">180.97</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>MA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">264.70</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures.....		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <u>SCOTT B MACKENZIE</u>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 125 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">142.03</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">18</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">77.81</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>MS</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <u>SCOTT B MACKENZIE</u>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span> [Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 126 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              . . . / . . . / . . . . . .           </div>	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 18 / 2016           </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 160.58           </div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16612</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 18 / 2016           </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 0.00           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 18 / 2016           </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px;">             . . . . . 27.09           </div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16613</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">             M M M / D D D / Y Y Y Y Y Y              03 / 18 / 2016           </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;">             . . . . . 0.00           </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . . 0.00           </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px;">             . . . . .           </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

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 06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 127 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">48.28</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16614</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">71.92</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16615</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 128 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">36.25</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16616</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">236.69</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16617</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

06 / 20 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 129 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">54.57</div>
City WASHINGTON	State DC	
Zip Code 20005		<b>Transaction ID : SE.16618</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: NM
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">530.04</div>
City WASHINGTON	State DC	
Zip Code 20005		<b>Transaction ID : SE.16619</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 18 / 2016         </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

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Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 130 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">257.31</div> <b>Transaction ID : SE.16620</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Expenditure VOTER CONTACT MAIL	
Name of Federal Candidate HILLARY RODHAM CLINTON		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18.60</div> <b>Transaction ID : SE.16621</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Expenditure VOTER CONTACT MAIL	
Name of Federal Candidate HILLARY RODHAM CLINTON		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND
<div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

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Date

MM / DD / YYYY  
 06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 131 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 0 5px;">309.10</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16622</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 0 5px;">99.71</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16623</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 5px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 0 5px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 5px;"></span>

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SCOTT B MACKENZIE

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Signature

Date

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 132 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">105.04</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16624</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">348.55</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16625</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 133 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">29.04</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16626</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">125.66</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16627</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  

06

20

2016

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount 171.50	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16629</b>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
District: <u>00</u> State: <u>TN</u>		Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 135 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">653.48</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16630</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">67.64</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16631</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  

06

20

2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 136 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 0 5px;">17.47</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16632</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 0 5px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 0 5px;">218.00</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16633</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">03</span> / <span style="border: 1px solid black; padding: 0 5px;">18</span> / <span style="border: 1px solid black; padding: 0 5px;">2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 0 5px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 5px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 0 5px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 5px;"> </span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

06 / 20 / 2016

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 137 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">183.27</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16634</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">51.35</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16635</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

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Signature

Date

MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 138 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">153.14</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16636</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">15.13</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16637</b>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	<span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 18 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">0.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Signature

Date

MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 139 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17.90</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : <b>SE.16638</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 18 / 2016         </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">14009.78</div>		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 23 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : <b>SE.16702</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 23 / 2016         </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">504.10</div>		Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 140 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">2133.49</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16704</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Name of Federal Candidate RYAN K ZINKE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">504.10</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">2133.49</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16705</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1498.11</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount 2133.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16707</b>		
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016		
Name of Federal Candidate ALEXANDER XAVIER MOONEY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate	District: 02	State: WV
Calendar Year-To-Date Per Election for Office Sought	504.10		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 142 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">2133.49</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16708</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Name of Federal Candidate BENJAMIN E SASSE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">2133.49</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16709</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 2133.49	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16710</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: OH
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 23 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div> <div></div> <div>2133.49</div> </div>	
City WASHINGTON		State DC		Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div> <div></div> <div>004</div> </div>		<b>Transaction ID : SE.16711</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 23 / 2016</div> </div>	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 100px;">0.00</div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 100px;"></div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 100px;"></div> </div>

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Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 144 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">2133.49</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16712</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">2133.49</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16713</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 23 / 2016</span>	
Name of Federal Candidate RONALD HAROLD JOHNSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

06 / 20 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 145 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">4158.72</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : <b>SE.16726</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Category/Type <span style="border:1px solid black; padding:2px;">004</span>			
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>23</u> State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1498.11</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">4158.72</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : <b>SE.16727</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">24</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Category/Type <span style="border:1px solid black; padding:2px;">004</span>			
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>04</u> State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">1498.11</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 146 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
M	M																									
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Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		24			Y	Y	Y	Y	Y	Y						
M	M																											
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D	D																											
24																												
Y	Y	Y	Y	Y	Y																							
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>4158.72</td></tr> </table>													4158.72													
					4158.72																							
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16730</b>																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		24			Y	Y	Y	Y	Y	Y						
M	M																											
03																												
D	D																											
24																												
Y	Y	Y	Y	Y	Y																							
Name of Federal Candidate TIMOTHY E SCOTT		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>1498.12</td></tr> </table>												1498.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
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Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>09</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		09			Y	Y	Y	Y	Y	Y						
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Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>3689.35</td></tr> </table>													3689.35													
					3689.35																							
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25554</b>																									
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		24			Y	Y	Y	Y	Y	Y						
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D	D																											
24																												
Y	Y	Y	Y	Y	Y																							
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>18196.32</td></tr> </table>												18196.32	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
					18196.32																							

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>3689.35</td></tr> </table>												3689.35
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(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

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Y	Y	Y	Y	Y	Y

 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 147 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 18 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">1546.40</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25556</b>	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">19742.72</span>		
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">345.99</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25557</b>	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Name of Federal Candidate THOMAS EARL JR. EMMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">2133.48</span>		
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1892.39</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

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06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 148 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 23 / 2016         </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">345.99</div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25558</b>
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 03 / 24 / 2016</div>
Name of Federal Candidate RYAN K ZINKE		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2012.47</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 23 / 2016         </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">345.99</div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25559</b>
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY 03 / 24 / 2016</div>
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">5666.69</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">691.98</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY  
 06 / 20 / 2016

Signature

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25561</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/ Type 004		
Name of Federal Candidate ALEXANDER XAVIER MOONEY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought		2133.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	691.98
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 345.99	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25563</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/ Type 004		
Name of Federal Candidate KELLY A AYOTTE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		2133.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	691.98
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 151 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>			

  

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">345.99</div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25564</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 24 / 2016
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate ROB PORTMAN		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.52</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 23 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">346.02</div>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25565</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 03 / 24 / 2016
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate PATRICK JOSEPH TOOMEY		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.55</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">692.01</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

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SCOTT B MACKENZIE

[Electronically Filed]

Signature \_\_\_\_\_ Date 

MM / DD / YYYY

  
06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 152 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560																		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td colspan="3">/</td></tr> <tr><td>D</td><td>D</td><td></td></tr> <tr><td colspan="3">/</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> </table>			M	M		/			D	D		/			Y	Y	Y	Y	Y	Y
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Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>D</td><td>D</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr></table> <b>03 / 23 / 2016</b>		M	M		/			D	D		/			Y	Y	Y	Y	Y	Y		
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Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td colspan="10"></td></tr><tr><td colspan="10" style="text-align: right;">345.99</td></tr></table>												345.99									
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City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.25566</b>																					
Purpose of Expenditure <b>VOTER CONTACT MAIL - CREATIVE &amp; MANAGEMENT</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>D</td><td>D</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr></table> <b>03 / 24 / 2016</b>		M	M		/			D	D		/			Y	Y	Y	Y	Y	Y		
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Y	Y	Y																						
Y	Y	Y																						
Name of Federal Candidate <b>TIMOTHY E SCOTT</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>SC</b>																					
Calendar Year-To-Date Per Election for Office Sought <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td colspan="10"></td></tr><tr><td colspan="10" style="text-align: right;">5666.70</td></tr></table>												5666.70										Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
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Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>D</td><td>D</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr></table> <b>03 / 23 / 2016</b>		M	M		/			D	D		/			Y	Y	Y	Y	Y	Y		
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Y	Y	Y																						
Y	Y	Y																						
Mailing Address <b>1155 - 15TH STREET NW SUITE 410</b>			Amount <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td colspan="10"></td></tr><tr><td colspan="10" style="text-align: right;">345.99</td></tr></table>												345.99									
345.99																								
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>SE.25567</b>																					
Purpose of Expenditure <b>VOTER CONTACT MAIL - CREATIVE &amp; MANAGEMENT</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>D</td><td>D</td><td></td></tr><tr><td colspan="3">/</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>Y</td><td>Y</td><td>Y</td></tr></table> <b>03 / 24 / 2016</b>		M	M		/			D	D		/			Y	Y	Y	Y	Y	Y		
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Y	Y	Y																						
Y	Y	Y																						
Name of Federal Candidate <b>RONALD HAROLD JOHNSON</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>																					
Calendar Year-To-Date Per Election for Office Sought <table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td colspan="10"></td></tr><tr><td colspan="10" style="text-align: right;">2133.48</td></tr></table>												2133.48										Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
2133.48																								

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td colspan="10"></td></tr><tr><td colspan="10" style="text-align: right;">691.98</td></tr></table>											691.98									
691.98																					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td colspan="10"></td></tr></table>																				
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<table style="display: inline-table; border: 1px solid black; margin: 0 5px;"><tr><td colspan="10"></td></tr></table>																				

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M	M	
/		
D	D	
/		
Y	Y	Y
Y	Y	Y

**06 / 20 / 2016**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 153 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">611.94</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25568</b>	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Name of Federal Candidate WILLIAM HURD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">6278.63</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">611.94</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.25569</b>	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type 004	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 24 / 2016	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		<span style="border: 1px solid black; padding: 2px;">611.94</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">1223.88</span>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 154 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 611.94	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate TIMOTHY E SCOTT			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 6278.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 199.71	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 611.94	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  SCOTT B MACKENZIE			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 06 / 20 / 2016	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 155 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on											
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>FORTH RIGHT STRATEGY INC</b>				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 30 / 2016         </div>							
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           29.03         </div>							
City WASHINGTON    State DC    Zip Code 20005		<b>Transaction ID : SE.16737</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 30 / 2016         </div>									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>HILLARY RODHAM CLINTON</b>							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶									
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>FORTH RIGHT STRATEGY INC</b>				Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 30 / 2016         </div>							
Mailing Address 1155 - 15TH STREET NW SUITE 410				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           263.92         </div>							
City WASHINGTON    State DC    Zip Code 20005		<b>Transaction ID : SE.16738</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            03 / 30 / 2016         </div>									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <b>HILLARY RODHAM CLINTON</b>							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           0.00         </div>		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶									
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶       </td> <td style="width: 40%; text-align: right; vertical-align: bottom;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> </td> </tr> <tr> <td style="vertical-align: top;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶       </td> <td style="text-align: right; vertical-align: bottom;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> <tr> <td style="vertical-align: top;"> <b>(c) TOTAL</b> Independent Expenditures..... ▶       </td> <td style="text-align: right; vertical-align: bottom;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </td> </tr> </table>						<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>										
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature <u>SCOTT B MACKENZIE</u>				Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            06 / 20 / 2016         </div>							

[Electronically Filed]

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div> <div></div> <div>121.03</div> </div>	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.16739</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	
			District: 00 State: AR	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>0.00</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>03 / 30 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div> <div></div> <div>1544.12</div> </div>		
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.16740</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>03 / 30 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div> <div></div> <div>004</div> </div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;">0.00</div> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; bottom: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 157 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">211.18</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16741</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">150.90</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16742</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 30 / 2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CT</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  

06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 158 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>				
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">38.17</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	Transaction ID : <b>SE.16743</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DE</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">818.42</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	Transaction ID : <b>SE.16744</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px; text-align: center;">2016</div>	

SCOTT B MACKENZIE

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 159 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 398.01		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16745	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 58.15		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.16746	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 160 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 10px;">YYYYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 10px;">YYYYYY</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 0 10px;">62.86</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16747</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 10px;">YYYYYY</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ID</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 10px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 10px;">YYYYYY</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 0 10px;">530.90</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16748</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 0 5px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 0 5px;">MM</span> / <span style="border: 1px solid black; padding: 0 5px;">DD</span> / <span style="border: 1px solid black; padding: 0 10px;">YYYYYY</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 10px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 10px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 0 10px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 0 10px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYYYY  
 06 / 20 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 161 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">267.28</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">127.03</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 06 / 20 / 2016

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div> <div></div> <div>181.93</div> </div>	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.16752</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: KY	
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 163 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">187.81</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>LA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">57.54</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>ME</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 164 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 30 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>243.50</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16755</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 30 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MD</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 30 / 2016</b>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <b>281.58</b>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16756</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 30 / 2016</b>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MA</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>0.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>0.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**06 / 20 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 165 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">411.86</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	Transaction ID : <b>SE.16757</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">220.99</div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>	Transaction ID : <b>SE.16758</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">30</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature  <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">06</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">20</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2016</div>	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 166 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">121.07</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16759</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">249.85</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16760</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 167 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">42.15</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16761</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">75.12</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16762</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 168 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 30 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">111.90</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16763</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 30 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03 / 30 / 2016</span>	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">56.41</span>	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16764</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03 / 30 / 2016</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Date

06 / 20 / 2016



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 169 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">368.29</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">84.91</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>NM</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 170 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">824.73</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16767</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <span style="border: 1px solid black; padding: 2px;">400.37</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16768</b>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 03 / 30 / 2016	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
 06 / 20 / 2016

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016	
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount 480.95	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.16770</b> Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type 004		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: OH
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	0.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 172 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 30 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">155.14</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : <b>SE.16771</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 30 / 2016         </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: OK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 30 / 2016         </div>
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">163.44</div>
City WASHINGTON	State DC	
Zip Code 20005	Transaction ID : <b>SE.16772</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           03 / 30 / 2016         </div>	
Purpose of Expenditure VOTER CONTACT MAIL	Category/Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00    State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

06 / 20 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 173 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560																								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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D	D																									
Y	Y	Y	Y	Y	Y																					

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		30			Y	Y	Y	Y	Y	Y						
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Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>542.34</td></tr> </table>													542.34												
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City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16773</b>																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		30			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
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Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		30			Y	Y	Y	Y	Y	Y						
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Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>45.19</td></tr> </table>													45.19												
					45.19																							
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16774</b>																									
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>30</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016		M	M		03			D	D		30			Y	Y	Y	Y	Y	Y						
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Y	Y	Y	Y	Y	Y																							
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI																									
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶													
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>0.00</td></tr> </table>												0.00
					0.00								
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>												

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

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 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 174 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">195.53</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16775</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">33.74</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16776</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 175 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">266.84</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address 1155 - 15TH STREET NW SUITE 410			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div>	
City WASHINGTON		State DC	Zip Code 20005	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type 004	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1016.79</div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 176 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">105.24</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City WASHINGTON		State DC	
Zip Code 20005		Amount <span style="border:1px solid black; padding:2px;">27.19</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/Type <span style="border:1px solid black; padding:2px;">004</span>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>VT</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 177 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span>			
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">339.20</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : <b>SE.16781</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Category/Type <span style="border:1px solid black; padding:2px;">004</span>			
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
City State Zip Code WASHINGTON DC 20005		Amount <span style="border:1px solid black; padding:2px;">285.16</span>	
Purpose of Expenditure VOTER CONTACT MAIL		Transaction ID : <b>SE.16782</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">03</span> / <span style="border:1px solid black; padding:2px;">30</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
Category/Type <span style="border:1px solid black; padding:2px;">004</span>			
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: <u>00</u> State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....		<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures.....		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">20</span> / <span style="border:1px solid black; padding:2px;">2016</span>	
		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 178 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					

  

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">79.90</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16783</b>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Mailing Address 1155 - 15TH STREET NW SUITE 410			Amount <span style="border: 1px solid black; padding: 2px;">238.28</span>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16784</b>		
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>		
Name of Federal Candidate HILLARY RODHAM CLINTON <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

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Signature \_\_\_\_\_ Date 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 179 OF 181  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00553560       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.54</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16785</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27.85</div>		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : <b>SE.16786</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div>	
Purpose of Expenditure VOTER CONTACT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">25951.71</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 06 / 20 / 2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 180 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00553560</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee <b>INTEGRAM</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address <b>8421 HILLTOP RD</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
City <b>FAIRFAX</b>	State <b>VA</b>	Zip Code <b>22031</b>	Transaction ID : <b>SE.25572</b>
Purpose of Expenditure <b>VOTER MAIL - PRINTING &amp; MAILSHOP</b>		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>
Name of Federal Candidate <b>KELLY A AYOTTE</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>INTEGRAM</b>		<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Mailing Address <b>8421 HILLTOP RD</b>		Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
City <b>FAIRFAX</b>	State <b>VA</b>	Zip Code <b>22031</b>	Transaction ID : <b>SE.25573</b>
Purpose of Expenditure <b>VOTER MAIL - PRINTING &amp; MAILSHOP</b>		Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>DC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> <b>3238.30</b>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 181 OF 181  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00553560	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			
Full Name of Payee <b>INTEGRAM</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>03 / 09 / 2016</b>	
Mailing Address <b>8421 HILLTOP RD</b>		Amount <b>1888.99</b>	
City <b>FAIRFAX</b>	State <b>VA</b>	Zip Code <b>22031</b>	Transaction ID : <b>SE.25576</b>
Purpose of Expenditure <b>VOTER MAIL - PRINTING &amp; MAILSHOP</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>03 / 24 / 2016</b>
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <b>00</b> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>DC</b>
Calendar Year-To-Date Per Election for Office Sought <b>21631.71</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<b>1888.99</b>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<b>61734.54</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date MM / DD / YYYY <b>06 / 20 / 2016</b>	
		[Electronically Filed]	